

DECLARATION OF POWER OF ATTORNEY FOR PATENT APPLICATION

As a below named inventor, I hereby declare that my residence, post office address and citizenship are as stated below next to my name, and I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

SEMICONDUCTOR SWITCHES AND SWITCHING CIRCUITS FOR MICROWAVE
the specification of which (check one)

(is attached hereto;
(was filed on _____ as United States Application Number or PCT International Application Number
on _____, and was amended on _____ (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above. I acknowledge the duty to disclose information which is material to patentability as defined in Title 35, Code of Federal Regulation, § 1.56. I hereby claim foreign priority benefits under Title 35, United States Code, § 119/365 of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate disclosing the subject matter claimed in this application and having a filing date (1) before that of the application on which priority is claimed, or (2) if no priority is claimed, before the filing date of this application.

Prior foreign Application(s)

Number	Country	Day/Month/Year Filed	Priority Claimed
228311/1998	Japan	12/8/1998	(<input checked="" type="checkbox"/> Yes) (<input type="checkbox"/> No)
_____	_____	_____	(<input type="checkbox"/> Yes) (<input type="checkbox"/> No)
_____	_____	_____	(<input type="checkbox"/> Yes) (<input type="checkbox"/> No)

I hereby claim the benefit under Title 35, United States Code, § 120/365 of any United States application(s) listed below and PCT International Applications listed above or below, and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, § 112, I acknowledge the duty to disclose information which is material to patentability as defined in Title 35, Code of Federal Regulations, § 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

(Application Number) _____ Day/Month/Year Filed _____ Status (Patented, Pending, Abandoned) _____

I hereby appoint Beth E. Arnold, Reg. No. 35,430; Paula A. Campbell, Reg. No. 32,503; Charles H. Cella, Reg. No. 38,099; Edward J. Kelly, Reg. No. 38,936; Donald W. Muirhead, Reg. No. 33,978; Chinh H. Pham, Reg. No. 39,329; Diana M. Ste I, Reg. No. 43,153; Philip C. Swain, Reg. No. 32,376; Anita Varma, Reg. No. 43,221; and Matthew P. Vincent, Reg. No. 36,709; as attorneys to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith.

Address all telephone calls to Donald W. Muirhead at telephone number (617) 832-1257. Address all correspondence to:

Patent Group
Foley, Hoag & Eliot LLP
One Post Office Square
Boston, Ma. 02109-2170

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Inv ntor's signature Hirosi Mizutani Date August 9, 1999

Full name of sole or first inventor (given name, family name) HIROSHI MIZUTANI

Residence Tokyo, Japan Citizenship Japanese

Post Office Address (include zip code) c/o NEC Corporation, 7-1, Shiba 5-chome, Minato-ku, Tokyo
Japan

Inv ntor's signature _____ Date _____

Full name of sole or first inventor (given name, family name) _____

Residence _____ Citizenship _____

Post Office Address (includ zip cod) _____

Inventor's signatur _____ Dat _____

Full name of sole or first inventor (given name, family name) _____

Resid nce _____ Citizenship _____

Post Offic Address (include zip code) _____

(Additional inventors are being named on separately numbered sheets attached hereto.